

SERFF Tracking Number:	ZURC-125809692	State:	Arkansas
First Filing Company:	Universal Underwriters Insurance Company, ...	State Tracking Number:	EFT \$50
Company Tracking Number:	CW CU 27704		
TOI:	05.2 Commercial Multi-Peril - Liability Portion	Sub-TOI:	05.2003 Commercial Package
	Only		
Product Name:	Unicover VI - Personal Property in Customer's Auto Excluded Endorsement		
Project Name/Number:	CW CU 27704 - Unicover VI - Personal Property in Customer's Auto Excluded Endorsement/CW CU 27704		

Filing at a Glance

Companies: Universal Underwriters Insurance Company, Universal Underwriters of Texas Insurance Company

Product Name: Unicover VI - Personal Property SERFF Tr Num: ZURC-125809692 State: Arkansas

in Customer's Auto Excluded Endorsement

TOI: 05.2 Commercial Multi-Peril - Liability
Portion Only

SERFF Status: Closed

State Tr Num: EFT \$50

Sub-TOI: 05.2003 Commercial Package

Co Tr Num: CW CU 27704

State Status: Fees verified and
received

Filing Type: Form

Co Status: Not Applicable

Reviewer(s): Betty Montesi,
Llyweyia Rawlins

Author: Patricia Chudik

Disposition Date: 09/11/2008

Date Submitted: 09/09/2008

Disposition Status: Approved

Effective Date Requested (New): 11/01/2008

Effective Date (New): 11/01/2008

Effective Date Requested (Renewal): 11/01/2008

Effective Date (Renewal):
11/01/2008

State Filing Description:

General Information

Project Name: CW CU 27704 - Unicover VI - Personal Property in
Customer's Auto Excluded Endorsement

Status of Filing in Domicile: Pending

Project Number: CW CU 27704

Domicile Status Comments:

Reference Organization: NA

Reference Number: NA

Reference Title: NA

Advisory Org. Circular: NA

Filing Status Changed: 09/11/2008

State Status Changed: 09/11/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

The purpose of this filing is to seek approval of a new endorsement for use with our Unicover VI program. This endorsement applies to the Commercial Umbrella coverage part of our Unicover VI program.

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Please see the explanatory memorandum for a complete description of this filing.

There is no premium impact associated with the use of this endorsement.

Company and Contact

Filing Contact Information

Patricia Chudik, Product Analyst pat.chudik@zurichna.com
 1400 American Lane (847) 605-7714 [Phone]
 Schaumburg, IL 60196-1056 (847) 605-7768[FAX]

Filing Company Information

Universal Underwriters Insurance Company	CoCode: 41181	State of Domicile: Kansas
7045 College Blvd.	Group Code: 212	Company Type: Property and Casualty
Overland Park, KS 66211	Group Name: Zurich North American	State ID Number:
(800) 821-7803 ext. [Phone]	FEIN Number: 43-1249228	

Universal Underwriters of Texas Insurance Company	CoCode: 40843	State of Domicile: Texas
7045 College Blvd.	Group Code: 212	Company Type: Property and Casualty
Overland Park, KS 66211	Group Name: Zurich North America	State ID Number:
(800) 821-7803 ext. [Phone]	FEIN Number: 36-3139101	

Filing Fees

Fee Required? Yes

Fee Amount: \$50.00

Retaliatory? No

Fee Explanation: Arkansas's fee is \$50 per form filing.

Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Universal Underwriters Insurance Company	\$50.00	09/09/2008	22381469
Universal Underwriters of Texas Insurance Company	\$0.00	09/09/2008	

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	09/11/2008	09/11/2008

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Disposition

Disposition Date: 09/11/2008
Effective Date (New): 11/01/2008
Effective Date (Renewal): 11/01/2008
Status: Approved
Comment:

Rate data does NOT apply to filing.

Overall Rate Information for Multiple Company Filings

Overall Percentage Rate Indicated For This Filing	0.000%
Overall Percentage Rate Impact For This Filing	0.000%
Effect of Rate Filing-Written Premium Change For This Program	\$0
Effect of Rate Filing - Number of Policyholders Affected	0

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Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
	Explanatory memorandum	Approved	Yes
Supporting Document	Personal Property in Customer's Auto Excluded	Approved	Yes
Form			

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Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Personal Property in Customer's Auto Excluded	809	09-2008	Endorsement/Amendment/Conditions		0.00	809U6(09-08).pdf

ENDORSEMENT NO. 809
PERSONAL PROPERTY IN CUSTOMER'S AUTO EXCLUDED
COVERAGE PART 980
UNICOVER VI

PAGE 1 OF 1

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

EXCLUSIONS

EXCLUSION K. IS REPLACED BY THE FOLLOWING:

K. CARE, CUSTODY OR CONTROL

THIS INSURANCE DOES NOT APPLY TO *INJURY OR *COVERED *POLLUTION *DAMAGE TO PROPERTY OWNED BY, RENTED OR LEASED TO, USED BY, TRANSPORTED BY, OR OTHERWISE IN THE CARE, CUSTODY OR CONTROL OF THE *INSURED.

THIS EXCLUSION DOES NOT APPLY, WHEN *YOU HAVE COVERAGE IN THE *UNDERLYING *INSURANCE, TO *INJURY:

1. TO REAL OR PERSONAL PROPERTY NOT OWNED BY *YOU, OTHER THAN:
 - A. AN *AUTO; OR
 - B. PERSONAL PROPERTY WITHIN A *CUSTOMER'S *AUTO;
2. TO *CUSTOMER'S *AUTOS;
3. FOR LIABILITY ASSUMED BY *YOU UNDER A WRITTEN SIDETRACK AGREEMENT WITH RESPECT TO PROPERTY USED BY *YOU OR IN *YOUR CARE, CUSTODY, OR CONTROL.

ALL OTHER TERMS, CONDITIONS, PROVISIONS AND EXCLUSIONS OF THIS POLICY REMAIN UNCHANGED.

THE FIRST SENTENCE OF THE DEFINITIONS CONDITION IN THE GENERAL CONDITIONS IS REPLACED BY: A WORD IDENTIFIED WITH AN ASTERISK * INDICATES IT HAS A SPECIFIC MEANING AS DEFINED IN EACH COVERAGE PART.

EDITION 09-2008

COPYRIGHT 2008 UNIVERSAL UNDERWRITERS INSURANCE COMPANY

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Rate Information

Rate data does NOT apply to filing.

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Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-
Property & Casualty
Review Status: Approved 09/11/2008
Comments:
Attachment:
NAIC transmittal.pdf

Satisfied -Name: Explanatory memorandum
Review Status: Approved 09/11/2008
Comments:
Attachment:
Expl memo.pdf

Property & Casualty Transmittal Document

1. Reserved for Insurance Dept. Use Only	2. Insurance Department Use only	
	a. Date the filing is received:	
	b. Analyst:	
	c. Disposition:	
	d. Date of disposition of the filing:	
	e. Effective date of filing:	
	New Business	
	Renewal Business	
	f. State Filing #:	
	g. SERFF Filing #:	
h. Subject Codes		

3. Group Name	Zurich North America				Group NAIC #	212
4. Company Name(s)	Domicile	NAIC #	FEIN #	State #		
Universal Underwriters Insurance Company	KS	41181	43-1249228			
Universal Underwriters of Texas Insurance Company	TX	40843	36-3139101			

5. Company Tracking Number	CW CU 27704
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Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6.	Name and address	Title	Telephone #s	FAX #	e-mail
	Patricia E. Chudik Regulatory Services Analyst Zurich North America 1400 American Lane Schaumburg, Illinois 60196	Regulatory Services Analyst	847 605-7714	847 605-7768	pat.chudik@zurichna.com
7.	Signature of authorized filer		<i>Patricia E. Chudik</i>		
8.	Please print name of authorized filer		Patricia E. Chudik		

Filing information (see General Instructions for descriptions of these fields)

9. Type of Insurance (TOI)	05.2
10. Sub-Type of Insurance (Sub-TOI)	05.2003
11. State Specific Product code(s)(if applicable)[See State Specific Requirements]	
12. Company Program Title (Marketing title)	Unicover VI program – New Endorsement
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input checked="" type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)
14. Effective Date(s) Requested	New: 11-01-2008 Renewal: 11-01-2008
15. Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
16. Reference Organization (if applicable)	NA
17. Reference Organization # & Title	NA
18. Company's Date of Filing	09-09-2008
19. Status of filing in domicile	<input type="checkbox"/> Not Filed <input checked="" type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

Property & Casualty Transmittal Document—

20.	This filing transmittal is part of Company Tracking #	CW CU 27704
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21.	Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
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The purpose of this filing is to seek approval of a new endorsement for use with our Unicover VI program. This endorsement applies to the Commercial Umbrella coverage part of our Unicover VI program.

Please see the explanatory memorandum for a complete description of this filing.

There is no premium impact associated with the use of this endorsement.

22.	Filing Fees (Filer must provide check # and fee amount if applicable) [If a state requires you to show how you calculated your filing fees, place that calculation below]
<p>Check #: EFT Amount: \$50.00</p> <p>Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.</p>	

***Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)

FORM FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes forms)

(Do not refer to the body of the filing for the forms listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #	CW CU 27704
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2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)	NA
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3.	Form Name /Description/Synopsis	Form # Include edition date	Replacement Or withdrawn?	If replacement, give form # it replaces	Previous state filing number, if required by state
01	Personal Property in Customer's Auto Excluded	809 09-2008	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	NA	NA
02			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
03			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
04			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
05			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
06			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
07			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
08			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
09			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
10			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		

PC FFS-1

Unicover VI
Endorsement 809, Personal Property in Customer's Auto Excluded
CW CU 27704

The purpose of this filing is to introduce a new endorsement for use with our Unicover VI program.

When a customer leaves their vehicle in our insured's service area overnight, we do not intend to provide umbrella coverage for personal property that might be in that vehicle. This endorsement clarifies our original intent not to provide such coverage.

There is no premium impact associated with the use of this endorsement.